

SAMPLE SUBMISSION FORM

METHAMPHETAMINE DRUG SUITE (WIPE & INSULATION SAMPLES)

General Form No. 018
Version 02
Effective Date: Aug 2017

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CLIENT INFORMATION			SERVICE REQUIRED	CHAIN OF CUSTODY	
Company Name:			Test Required: <input type="checkbox"/> Individual Testing		Dispatched
Address:			<input type="checkbox"/> Field Composite <input type="checkbox"/> Lab Composite	Initials:	
Contact Person:	Phone:		Turnaround Time (working days) :	Date:	
Email:			<input type="checkbox"/> 2 days <input type="checkbox"/> 4 days <input type="checkbox"/> 7 days	Time:	
Results To:	<input type="checkbox"/> Email Contact Person	CC to:	Or Choose: <input type="checkbox"/> Urgent (Surcharges apply)		
	<input type="checkbox"/> Email Other:		Note: Samples should be received before 3:00 pm		
SAMPLE INFORMATION					
Customer Job Reference:					
	Sample Type	Sample Name	Comments (if any)	LN No. (LABTEC Use)	
1	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
2	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
3	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
4	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
5	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
6	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
7	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
8	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
9	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
10	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
11	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				
12	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation				